

**STATE OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
BOARD OF PSYCHOLOGY**

**EXAMINATION INFORMATION  
FOR EXAMINEES**

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# **CALIFORNIA BOARD OF PSYCHOLOGY EXAMINATION INFORMATION FOR EXAMINEES**

## ***SECTION I: EXAMINATION AUTHORITY, DEVELOPMENT, CONTENT AREAS, AND SCORING SYSTEM***

### **AUTHORITY**

Section 101.6 of the California Business and Professions Code (B&P Code) clearly states the two reasons for the existence of professional regulatory boards in the State of California. First, this statute requires all regulatory boards to provide a means of redress for consumers who have complaints against licensees, registrants, and applicants. Second, this statute requires regulatory boards to ensure that all who make application for licensure or registration are minimally competent to practice their profession with safety to the public. With regard to the latter, the Board of Psychology is required to establish that each applicant for psychologist licensure is minimally competent by ensuring that each applicant meets the minimal educational and experience requirements set forth in B&P Code Section 2914 and by ensuring that each applicant takes and passes a written and an oral examination as authorized by B&P Code Section 2942.

### **THE BOARD'S EXAMINATION PROGRAM**

The examination program of the Board of Psychology is overseen and developed by the Department of Consumer Affairs' Office of Examination Resources (OER). Both the written and the oral examinations administered by the Board are in accordance with technical, professional, and legal standards. California Government Code Section 12944, requires all occupational licensing examination programs to be job related. Job relatedness is established through the application of content-related validity procedures. The primary vehicle for establishing content-related validity for both the oral and written examinations is an occupational analysis. The California Department of Fair Employment and Housing (DFEH) enforces Government Code Section 12944, and the Board of Psychology has demonstrated to the satisfaction of DFEH that both the oral and written psychology licensing examinations as administered in California meet the requirements of Government Code Section 12944.

### **THE ORAL EXAMINATION**

The design and scoring methodology for the oral examination is based on sound psychometric principles in accordance with the "Standards for Educational and Psychological Testing" published by the American Psychological Association. The oral examination has eight equally-weighted subject matter areas. The subject matter areas were developed based on the results of the occupational analysis conducted by the Association of State and Provincial Psychology Boards. In the oral examination, the examinees are asked to apply their knowledge and experience to the problem presented in the vignette in response to standardized questions asked by the examiner. Standardized evaluation procedures have been developed and refined. The examination results have demonstrated extremely high consistency as indicated by intra-class correlation coefficients and independent ratings of agreement.

An examinee must be prepared to respond to issues that legitimately test the knowledge base required for a generic license. This is consistent with nearly all other professional licensing examinations. The materials provided are to assist you in preparation, but are not exhaustive.

The oral examination is designed as a supplemental exam to the national written exam in that it gives the examinee opportunities to demonstrate integrative thought and verbal expression, along with other skills and professional knowledge. During the oral examination, examinees' responses will be assessed by the oral examiners for quality.

As indicated in the content areas described in this booklet, the oral examination will cover a wide array of the examinees' training and experience. Once licensed, psychologists may not function outside their particular field of competence as established by their education, training, and experience (California Code of Regulations Section 1396).

It is the oral commissioners responsibility to ensure that each examinee receives the same examination, to rate the answers by the standardized criteria developed for the examination and then to score the exam in accordance with the standardized scoring format described in this booklet. The examinees' responsibility during the oral examination is to state to the examiners the most accurate, relevant, and important responses. Therefore, responding to a question by offering every thought that comes to mind may not reflect an examinee's comprehension of the issues and may adversely affect his or her overall performance.

Examiners are required to disqualify themselves if they have prior personal knowledge of the examinee they are randomly assigned to examine. Examinees must indicate before the start of the exam if they have prior personal knowledge of either examiner. Examiners are not given any personal information regarding the examinee. Do not divulge any information about yourself that may in any way bias the examiners. If you do so, it will not be considered grounds for appeal.

## **DOMAINS**

The Board of Psychology allows examinees to choose from one of two general domains for purposes of the oral examination only. These domains are (1) Individual and Interpersonal Intervention and (2) Applied Theory and Research.

## **CONTENT AREAS FOR THE ORAL EXAMINATION**

The oral examination covers eight content areas which reflect the current job competencies in the practice of psychology in California. For both domains, the following eight content areas apply:

1. Assessment
2. Diagnosis
3. Intervention
4. Legal Mandates
5. Professional Ethics
6. Limitations and Judgment

7. Human Diversity
8. Quality Assurance

In your determination as to the appropriate domain, you may want to consider that the content areas I, II and III are similar, but may differ in application in view of the subject matter implicit in your choice of domain.

No distinctions are made for content areas IV, V, VI, VII, and VIII in terms of the knowledge base required for examinees. The use of the term “treatment” and/or “client” may refer to an individual or group in a Domain A context, or to an individual, group or organizational entity in the Domain B context.

The content area which focuses on Assessment, for example, embodies a comprehensive perspective on the subject matter. It assumes that the examinee has taken adequate coursework in the area of Psychometric Testing and Development, as well as practicum experience in the administration of these tests. It is important that the examinee be familiar with current community standards of practice and research findings in the field. One of these factors would imply familiarity with the most recent, empirically developed testing instruments and those which are historically accepted. Examinees are expected to have knowledge of ways to assess social, emotional, and behavioral functioning and cognitive and personality testing, as well as some methodology for dealing with special populations.

The eight content areas are defined as follows:

### **I. Assessment**

***This content area is designed to assess the examinee’s ability to gather and use information (tests, observations, clinical interviews, collateral sources and contexts) to evaluate the client’s functioning.***

***The examinee should demonstrate an understanding of assessment models, psychometric theory, test construction and statistical procedures used in test development. The examinee should demonstrate the ability to interpret psychometric test results in the context of other data.***

***The examinee should be able to integrate findings and explain any apparent inconsistencies in the data and present a comprehensive description of the client..***

Knowledge of assessment models (e.g., psychometric, behavioral, neuropsychological, ecological).

Knowledge of psychometric theory and concepts (e.g., measurement, reliability, validity, item characteristics, test fairness, standardization, norms), and test validation procedures (e.g., criterion, predictive, construct, and content strategies; appropriate measurement standards and legal regulations).

Knowledge of tests for the measurement of characteristics of individuals (e.g., social, emotional, and behavioral functioning; cognitive; achievement; aptitude; personality; neuropsychological; vocational interest), and the adaptation of these tests for use with special populations.

Knowledge of techniques other than tests (e.g., interviews, surveys, naturalistic and structured behavioral observations, physical status, history/biographical data) for the measurement of characteristics of individuals.

Knowledge of criteria for selecting assessment devices/approaches (e.g., cultural appropriateness, utility analysis and cost effectiveness, relevance to referral concern).

Knowledge of methods for evaluating environmental/ecological influences on individuals, groups, or organizations (e.g., organizational frameworks, functional analysis of behavior).

\*Knowledge of instruments and methods for the measurements of characteristics of jobs, organizational, educational and other social institutions (e.g., job analysis, job evaluation, need assessment, organizational diagnosis, ecological assessment).

\* For Domain B only

## **II. Diagnosis**

***This content area is designed to assess the examinee's ability to conceptualize and articulate a case formulation consistent with the data.***

***The examinee should demonstrate the ability to apply diagnostic nomenclature and criteria in standard systems, and to utilize relevant data to reach diagnoses.***

***For Domain B, the examinee should demonstrate the ability to apply classification schema in an organizational context.***

Knowledge of epidemiology of behavioral disorders, base rates of disorders in clinical or demographic populations, comorbidity among behavioral disorders and medical disorders.

Knowledge of theories of personality that describe behavior and the etiology of atypical behavior. Includes knowledge of limitations in existing theories for understanding the effect of diversity (e.g., age, ethnicity, gender).

Knowledge of physiological correlates/determinants of behavior and affect (e.g., symptoms of common psychophysiological reactions and syndromes, such as hyperventilation, anxiety disorders, depressive disorders, stress reactions, headaches, irritable bowel syndrome).

\*\*Knowledge of genetic transmission (e.g., the relationship of dominant and recessive genes) and its role in understanding disorders and their behavioral, emotional, and psychosocial manifestations (e.g., Huntington's disease, Down's syndrome).

Knowledge of various classification systems (e.g., DSM, AAMR, ICD) for diagnosing client functioning.

\*\* For Domain A only.

### **III. Intervention**

*This content area is designed to test the examinee's ability to plan and implement a course of treatment that is consistent with the case formulation, sensitive to the client's needs and values, theoretically based, empirically justified and designed to resolve the problem(s).*

*The examinee should demonstrate the ability to respond to critical situations in a manner that protects the safety and welfare of the patient and the community.*

Knowledge of theories of treatment (e.g., behavioral, cognitive, and cognitive-behavioral approaches; psychodynamic approaches; systems/ecological approaches; humanistic approaches).

Knowledge of treatment planning process, including differential diagnosis and efficacy and outcome data.

Knowledge of treatment techniques/interventions for specific concerns or specific populations (e.g., marital and family, group therapy, crisis intervention, play therapy, feminist therapy, approaches to stress management, psychoeducational, time-limited/brief therapy, compensation strategies, culturally appropriate treatments and interventions).

Knowledge of the reciprocal interrelationships among cognitions/beliefs, behavior, affect, temperament, and mood (e.g., healthy functioning, performance anxiety, performance enhancement, job satisfaction, depression).

Knowledge of service delivery systems (e.g., education, health, mental health, social services, forensics, business and industry), including the roles of other professionals.

Knowledge of the relationship of stress to biological and psychological functioning, with particular reference to lifestyle and lifestyle modification (e.g., cardiac rehabilitation, smoking cessation).

Knowledge of basic psychopharmacology (e.g., medication effects, side effects, and interactions).

Includes knowledge of drug metabolism, drug categories (e.g., anxiolytics, antidepressants, antipsychotics, anticonvulsants), and addictive/dependency potential.

Knowledge of adjunctive and alternative interventions and appropriate referral (e.g., physicians, 12-step programs, psychopharmacology, inpatient or partial hospitalization, support groups).

### **IV. Legal Mandates**

*This content area is designed to test the examinee's knowledge of federal, state and local laws*

*and regulations related to professional practice.*

*The examinee should demonstrate the ability to identify situations that may require action mandated by law.*

*The examinee should demonstrate the ability to implement statutes and regulations to protect the safety and welfare of the client and community.*

Knowledge of pertinent federal, state and/or provincial laws/statutes that affect psychological practice (e.g., laws and regulations relating to family and child protection, education, disabilities, discrimination, duty to warn and privileged communication, commitment and least restrictive care, continuing education requirements, practice regulations, licensure regulations).

## **V. Professional Ethics**

*This content area is designed to test the examinee's knowledge of professional ethics and the ability to integrate ethics and standards into professional conduct and practice.*

*The examinee should demonstrate thorough knowledge of the APA Ethical Principles of Psychologists and Code of Conduct, the APA General Guidelines for Providers of Psychological Services, and any specialty guidelines which are relevant.*

Knowledge of the APA Ethical Principles of Psychologists and Code of Conduct and/or the Canadian Code of Ethics for Psychologists (e.g., confidentiality, research, dual relationships, limits of competence, advertising practices, informed consent, record-keeping).

Knowledge of professional standards and guidelines for the practice of psychology (e.g., APA/Canadian Psychological Associations' Standards for Providers of Psychological Services, American Educational Research Association/APA/National Council Measurement in Education Standards for Educational and Psychological Testing, Association for State and Provincial Psychology Boards (ASPPB) Code of Conduct, ASPPB Model Licensure Act, credentialing requirements for advanced specialties and proficiencies, other published guidelines for special populations such as women and minorities).

Knowledge of ethical decision-making process (e.g., balancing professionalism with entrepreneurship, integration of ethical principles and legal/regulatory standards).

## **VI. Limitations and Judgment**

*This content area is designed to test the examinee's awareness of personal and professional competencies and limitations.*

*The examinee should demonstrate the ability to practice within his/her scope of education, training, skills, knowledge and experience.*



***The examinee should demonstrate awareness of personal and professional limitations that hinder clinical judgment and methods of resolution.***

***The examinee should demonstrate the ability to integrate/coordinate services from other care providers and community resources into an overall intervention plan.***

Knowledge of models and approaches for training and supervision of self and others (e.g., methods for developing and enhancing knowledge and proficiency, continuing education, professional self-management, clinical supervision, peer consultation and supervision).

Knowledge of basic psychopharmacology (e.g., medication effects, side effects, and interactions). Includes knowledge of drug metabolism, drug categories (e.g., anxiolytics, antidepressants, antipsychotics, anticonvulsants), and addictive/dependency potential.

Knowledge of adjunctive and alternative interventions and appropriate referral (e.g., physicians, 12-step programs, psychopharmacology, inpatient or partial hospitalization, support groups).

Knowledge of service delivery systems (e.g., education, health, mental health, social services, forensics, business and industry), including the roles of other professionals.

## **VII. Human Diversity**

***This content area is designed to test the examinee's knowledge of individual and group diversity and its impact on the practice of psychology.***

***The examinee should demonstrate an ability to incorporate an understanding of diversity in the practice of psychology.***

***The examinee should demonstrate understanding of how diversity can affect human development, interpersonal interactions, social/economic systems, and other factors related to assessment, diagnosis and intervention.***

Knowledge of multicultural and multiethnic diversity (e.g., racial/ethnic minorities, gender, age, disability, sexual orientation, religious groups, between-and-within group differences).

Knowledge of role that race, ethnicity, gender, sexual orientation, disability, and other cultural differences play in the psychosocial, political, and economic development of individuals/groups.

Knowledge of normative or age-expected behaviors (e.g., normal age-range, individual differences) and how the definition of normative behavior is influenced by culture.

Knowledge of group dynamics and organizational structures (e.g., school systems, gang behavior, family systems, group thinking, cultural behavior, conformity, compliance, obedience, persuasion) and social influences on individual functioning.

Knowledge of environmental/ecological psychology (e.g., person-environment fit, crowding, pollution, noise).

Knowledge of disability and rehabilitation issues (e.g., inclusion, psychological impact of disability).

Knowledge of theories of identity development of multicultural/multiethnic groups (e.g., acculturation theories, racial/ethnic identity).

## **VIII. Quality Assurance**

***This content area is designed to test the examinee's knowledge of theories and techniques that are used to evaluate the accuracy and utility of assessments, effectiveness of interventions and treatment programs.***

***The examinee should demonstrate the ability to select methods for evaluation of assessment and for evaluation of process and outcome of interventions.***

***The examinee should demonstrate the ability to perform functional assessments for monitoring progress and process of interventions.***

Knowledge of quality assurance measurement techniques.

Knowledge of research methods (e.g., sampling, instrumentation, data collection procedures).

Knowledge of theory and techniques for the measurement of client changes (e.g., client tracking, formative and summative evaluation, program evaluation).

Knowledge of program planning and evaluation strategies and techniques (e.g., need assessment, process/implementation evaluation, outcome evaluation).

Knowledge of criteria for critical appraisal and utilization of research (e.g., technical adequacy; limitations to generalizations, threats to internal, external, and construct validity).

## **ORAL EXAMINATION SCORING SYSTEM**

The eight content areas of the oral examination are weighted equally and are scored on a six-point rating scale from 0 to 5. The scoring system is fully compensatory, which means that a high score in one content area will offset a low score in another content area. Forty is the maximum score that can be earned. Twenty-four points represents passing.

The scoring system is designed as follows:

- 0 - Incompetent
- 1 - Highly Ineffective
- 2 - Ineffective
- 3 - Effective
- 4 - Highly Effective
- 5 - Exceptional

## **SAMPLE VIGNETTE FOR THE ORAL EXAMINATION**

*Mrs. J. is a 23-year-old recent immigrant. She was referred to you by the Family Court Judge after her third conviction for driving under the influence of a drug.*

*Mrs. J. is in a wheelchair, having just had back surgery. She appears to be in pain and is reporting fatigue, depression and isolation.*

*Mrs. J's husband is having an affair and she appears overwhelmed with her current life circumstances.*

The above is an example of a typical vignette used in the oral examination. Approximately 13 questions are asked covering the aforementioned eight content areas. Test data is provided to give the examinee the opportunity to elaborate on his or her knowledge of assessment and ability to integrate material.

## **JURISPRUDENCE AND PROFESSIONAL ETHICS EXAMINATION**

The Board of Psychology offers an examination entitled "Jurisprudence and Professional Ethics Examination." Pursuant to California Code of Regulations Section 1388.6, an examinee is eligible to take the "Jurisprudence and Professional Ethics Examination" if he or she meets one of the following requirements:

1. Possesses a California psychology license that expired, has not been subject to discipline, and had not been renewed within the three-year renewal period; meets current licensing requirements; pays all applicable fees; and is required to file a new application.
2. Has possessed a license to practice psychology in another state, Canadian province or U.S. territory for at least five years, and the license has not been subject to discipline; meets current licensing requirements; and pays applicable fees. (If an examinee is licensed in several states, the time can be combined.)

3. Possesses a Diplomate of the American Board of Professional Psychology and concurrently possesses a license in another state, Canadian province, or U.S. territory that has not been subject to disciplinary action; meets current licensing requirements; and pays all applicable fees.
4. Possesses a Certificate of Professional Qualifications from the Association of State and Provincial Psychology Boards and pays all applicable fees.

## **SECTION II: EXAMINATION ADMINISTRATION PROCEDURES**

### **ADMINISTRATION OF THE ORAL EXAMINATION**

For the oral examination, examinees will be asked to review and respond to a vignette based on a hypothetical case. This vignette can be referred to at any time during the exam. (See sample vignette on page 9). Examinees may not present their own vignettes. Examinees may not make written notes during the examination, but may refer back to the vignette during the examination. Examinees taking the oral exam will be given a copy of the vignette, the testing data, and will be given a copy of the questions, one question on each page. The questions will be read to the examinee by the examiner. Examinees may read the question to themselves as it is being read by the examiner. Examinees will not be permitted to redo a previous question. All answers should be complete and address all elements of the question. At the end of the examination, the examiners will not ask if there is anything examinees wish to add.

### **NARRATIVE READ BY EXAMINERS DURING THE ORAL EXAMINATION:**

"As you know, this examination is taped. This oral examination of Dr. \_\_\_\_\_ is being conducted by Dr. \_\_\_\_\_ and Dr. \_\_\_\_\_ on (Date) at (Time) in (Location).

Please listen carefully to this brief statement about the oral examination. A clear understanding about the following points should be helpful to you in approaching the exam.

The oral examination is designed to take 50 to 60 minutes to complete. This examination will be recorded and once the 90 minute tape runs its course, the exam will end, even if you are not finished. If you do not complete the exam within the 90 minutes allotted, the exam will be terminated and you will not be graded in any of the eight content areas. We will need to turn the tape over approximately 45 minutes into the exam. There will be no further instructions regarding time.

We will give you a vignette to review followed by the questions. You will have both the vignette and each question in front of you. Try to focus on the specific information being asked in each question. Listen carefully! The quality of your answers is being assessed during the examination. Please let us know when you have completed each question.

Each question must be answered completely. You may not review or redo a question already completed.

At this time, please read the vignette to yourself. When you are ready to proceed with the exam, please advise us and we will ask you to read the vignette aloud into the tape recorder."

## **EXAMINATION TIME**

Please note that the oral examination has been calibrated to be completed in 50 to 60 minutes. It is suggested that you allow a maximum of four (4) minutes per question.

Be aware that the audio tapes used by the examiners to tape your exam will allow 45 minutes on each side. The exam will be terminated when both sides of the tape are completed, i.e. 1½ hours. However, it is expected that you will complete the exam in less than 1½ hours. If you do not complete the exam within the time allotted, the exam will be terminated and you will not be graded in any of the content areas. An incomplete exam is a failed exam. The tape will remain on during the entire exam, even if you feel the need to use the bathroom facilities.

## **ADMINISTRATION OF THE JURISPRUDENCE & PROFESSIONAL ETHICS EXAMINATION**

The “Jurisprudence & Professional Ethics Examination” is a 100 question multiple choice written examination. You will have two hours to complete the examination. The examination covers professional ethics from the current 1992 “Ethical Principles of Psychologists and Code of Conduct” published by the American Psychological Association and California law contained in the separate booklet entitled “Summary of California Laws Relating to the Practice of Psychology,” which you received along with this handbook. Additionally, you should be familiar with the Psychology Licensing Law (section 2900-2999 of the Business and Professions Code) and the Regulations Relating to the Practice of Psychology (section 1380-1399 of the California Code of Regulations). You can link to these codes through the Board of Psychology’s website at [www.dca.ca.gov/psych](http://www.dca.ca.gov/psych).

## **SECTION III: EXAMINATION SCHEDULING, ADMINISTRATIVE DETAILS, AND RESULTS**

### **SCHEDULING OF EXAMINEES**

Those examinees who qualify to sit for the oral examination or the jurisprudence and professional ethics examination and who have paid the required examination fee by the deadline (30 days prior to the examination date) as mandated by B&P Code Section 2941 will be notified by mail of the time during which they must be available at the designated exam site. Examinees taking the oral examination must check in and wait in the designated area until a team of examiners, consisting of two psychologists, become available. Examinees taking the jurisprudence and professional ethics examination must register in the designated area and will be seated immediately following registration.

FOR THE ORAL EXAMINATION: Every effort will be made to ensure that examinees are examined within a given time block as closely as possible to the order in which they report for the examination, however, no assurance can be given that the examinees will be examined before the end of their time block. Examinees may experience a substantial wait past their scheduled time block in the event of situations beyond the Board's control (such as too few examiners showing up at the exam).

FOR THE JURISPRUDENCE AND PROFESSIONAL ETHICS EXAMINATION: The examination will begin at 10:30 AM. Examinees must report to the registration area by 10:00 AM. Examinees will have two hours to complete the examination.

### **ORAL COMMISSIONERS**

The oral commissioners selected to conduct the examinations are licensed psychologists with at least three years of post-licensure experience. They have been given an orientation training on established standardized examination procedures. They receive a nominal honorarium and continuing education credit. Participation is usually based on a commitment to both the profession and to consumers of psychological services.

### **BOARD MEMBERS**

Members of the Board are in attendance at all oral examination sessions, and are available for special consultation by oral examiners at any time during the day. From time to time, members of the Board may wish to observe oral examinations to help them evaluate procedures. Also, from time to time licensed Board members may serve as examiners.

### **PROCEDURES FOR EXAMINEE IDENTIFICATION**

Examinees are required to bring to the examination site a government-issued picture identification card, such as a California Department of Motor Vehicles (DMV) driver's license or DMV picture identification card. You will be asked to present this identification at the exam site. You will not be admitted to the examination without the proper identification.

### **SECURITY**

For security reasons, you will be required to sign a security agreement prior to the exam and must leave the examination site immediately after your exam. When your oral examiners escort you to the examination room, they will require that you leave any purses, briefcases, or **ANY** materials which you are hand carrying in an adjoining room with the door closed. Do not leave any personal effects in the waiting room when you are escorted to the examination room. You will not be allowed to return to the examinees waiting room after the exam is terminated. Any examinee found to have any kind of recording device in his or her possession during the administration of the oral examination will be removed from the examination and will be subject to appropriate administrative action.

### **ORAL EXAMINATION RESULTS**

You will be notified in writing of your examination results approximately four weeks after the entire series of examinations are completed in both Northern and Southern California. Please do not call the Board office for your results; as they will not be given over the phone.

### **RECONSIDERATION OF FAILED ORAL EXAMINATIONS**

Section 1389 of the Board's Regulations states:

- (a) All requests for reconsideration of oral examinations shall be submitted in writing to the board's office in Sacramento within thirty (30) days following notification of failure of the examination. All requests for reconsideration shall be based solely on alleged procedural errors during the administration of the oral examination.
- (b) The review of an oral examination will be conducted by one or more board members and their findings may be subject to the approval of the board in its discretion.
- (c) There shall be no reconsideration of the grade received on the written licensing examination administered by the board.
- (d) Nothing in this section shall be construed to deprive an applicant of his or her rights of appeal as afforded by other provisions of law.

Notification of failure is the date the Board mails the results to the examinees.

Section 1390(b) of the Board's Regulations states:

- (b) Any person desiring to inspect the electronic recording of his or her oral examination may, within a period of one year following the date of the examination and upon written request to the board, inspect such examination materials at the board's office in Sacramento during regular office hours. No more than one inspection shall be allowed. At the time of inspection, no one other than the person inspecting his or her examination and a representative of the board shall be present; nor shall any notes be made at the time of inspection.

The Board makes every effort to ensure that examinations are administered under conditions conducive to test-taking. However, from time to time, minor disturbances may occur which are outside the control of the Board. Such events will not be considered grounds for appeal. All requests for reconsideration of a failed oral examination must be based solely on alleged procedural errors during the administration of the oral examination. Appeals which challenge the content of the oral examination or the appropriateness of a



response on the oral examination will not be considered.

If the board grants an appeal, the examinee will be scheduled to retake the oral examination (reexam). When an examinee is granted a reexam after submitting a request for reconsideration, the examinee will be scheduled to take the reexam during the next regularly scheduled orals in January or June, however, the fee for the reexam will be waived.